Overview of Tiered Response System in North Carolina

A. Tier 1 Local Entities

Hospitals have previously requested funding from the pass through money individually. This year, this process will run through the RAC system as previously stated. Each facility will be asked to assess the capacity per the Medical Surge Capacity section of the Target Capabilities List. All 122 acute care licensed hospitals have signed a statewide Mutual Aid Agreement to provide assistance to each other and to facilitate rapid response from within the state, regional, or local areas.

This Tier will include Health Departments (HDs), Community Health Centers (CHCs), Long Term Care Facilities (LTCs), and Assisted Living Facilities (ALFs). These entities will be funded via different grant sources. All of the aforementioned stakeholders will participate in the planning process just as they will participate in the response and recovery processes. There are 122 hospitals, 86 health departments, 27 CHCs with 96 delivery sites, over 2000 LTCs, and 1200 ALFs. These entities are becoming integrated into the RAC Disaster Preparedness Committees and respond through that system. Each facility is designating staff to participate in the SMAT program to further integrate training, knowledge, and communications.

B. Tier 2 County Response

There are 100 county EMS systems and one tribal EMS system consisting of multiple responders from rescue squads, critical care transport, and standard EMS providers. On the county level, planning efforts take place at the Local Emergency Planning Committee (LEPC). These LEPCs consist of stakeholders from law, fire, EMS, hospitals, Public Health, and private industry. LEPCs answer to the local Emergency Management. The consistent use of LEPCs in all counties is not present at this time. EMS in particular has been noted to miss out on funding from DHS and other sources. There are 2500 licensed ALS/BLS vehicles in NC. This year, funding from the Pandemic Flu Annex of the CDC will be utilized to study the EMS work force and to provide contingency planning for Pan Flu and surge for EMS specifically.

C. Tier 3 Regional Response

The Regional Advisory Committees (RACs) provide the infrastructure for planning and response as mentioned in Section I. The RACs provide direction, guidance, and coordination for each region. The response mechanism within the RAC is based on the SMAT and the use of the HRSA funded BT Planner position. The continuation and expansion of this program will be the provision of Mobile Medical Facilities that can be deployed with multiple levels of personnel to meet the mission requirements of any level of patient. The deployment function of the regional system provides coverage statewide from unaffected to affected areas. The mission of the teams can be to assist in shelters, alternate care facilities, alternate care sites, hospitals, clinics, and set up field medical stations.

The Mobile Medical Plan will also allow expansion of a complete 400 bed hospital if funding is available to finish the project.

The teams will begin development of three sub types based out of the regions. These teams will be Community Health Center staff to provide basic patient care needed when the normal infrastructure is down, Home Care and Hospice to provide Special Medical Needs Shelter assistance for displaced home based patients, Long Term Care aides and LPNs are being recruited for LTC evacuation care to augment existing care for evacuated patients unable to be cared for in a like facility. These additions will further diversify the teams, make the system more robust, and integrate other partners closer into the Hospital Preparedness Program.

The RACs also provide regional educational opportunities for all Tier 1 and Tier 2 entities. The State Medical Response System is based on these Tiers to provide levels of response and recovery based on size of incident. Tier 3 will lead the intra-state response efforts and can become one or numerous response entities for out of state deployment if needed.

D. Tier 4 Statewide Response

Statewide efforts continue with the Division of Public Health, Office of Preparedness and Response, Division of Emergency Management, and the Division of Facility Services, Office of Emergency Medical Services working closely with several academic centers across the state. Recently, the addition of the North Carolina Community College System to specific response efforts has added other stakeholders and provided more statewide assets. Previously the NCCC system was used for education only. This year the CCs will be utilized as mass evacuation sites for evaluation and treatment of patients in a catastrophic event.

The state utilized its grant administrative partners in the ESF 8 process. The State Medical Response System is based on size of incident and the ability to handle the event. The local response will roll up to the regional response, as the regional response rolls up to the State, and so on. This system continues to grow as more critical partners are added to the existing structure.

E. Tier 5 Region IV Inter State Planning

Currently, NC is working with the state of Mississippi to place the SMARTT system into Mississippi so that asset tracking is consistent. South Carolina, West Virginia, and Mississippi are discussing SMAT cross training to have the same teams and response training in Region IV. This initiative is part of the 2005-2006 grant application and is coming to completion soon.

In addition, a meeting has been set to discuss an interconnect between the states' ESAR VHP databases with an attempt to standardize. Region IV has a web site now for asset typing and selection. A Multi State Assistance Coordinating Cell has been created and will be beta tested in June for use during this hurricane season. NC has established a Pharmacy Committee that will also include Pharmacists from Region IV for disaster planning purposes.